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WORLD RESEARCH IN ALCOHOLISM

annotated bibliography
for the professional staffs of Illinois State Hospitals
published monthly by

STATE OF ILLINOIS

Adlai E. Stevenson, Governor

DEPARTMENT OF PUBLIC WELFARE

912 South Wood Street

CHICAGO 12

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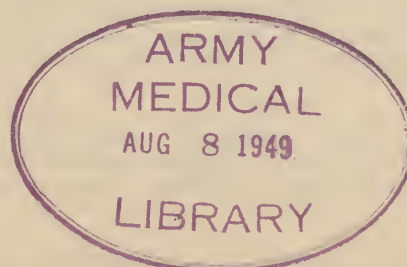
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288. ALCOOLISME. Statistique sur la frequence des psychoses alcooliques de 1900 à 1942. (Alcoholism. Statistics on frequency of alcoholic psychoses for 1900 to 1942. Editorial in Rec. Trav. Inst. Nation. Hyg. Paris 1(1): 39-45, 1944.

"From 1936 questionnaires were sent to all French psychiatric hospital depts. concerning number of patients admitted for alcoholic psychosis as well as for psychosis of all etiologies. Before 1936 no such direct evidence is available, and the only figures for these years are those from the official statistics (especially Statistique annuelle des Institutions d'Assistance). Curve shows a considerable drop in the number of cases in 1914 and a marked rise in 1920, after which the curve continues to rise steadily to 1940, when the steady rise is followed by a violent fall. Tables show the number of persons addicted to alcohol (per 100,000 population). From 1936 these tables give figures for each of the French Departements separately. The number of alcoholics admitted to hospitals varied from 8.9 (per 100,000) in 1938 to 2.1 in 1942. Variation from one Departement to the other was considerable; e.g., figures for 1938 showed Limoges 2 and Bordeaux 22 per 100,000. For 1942 the variation was considerably less: Clermont-Ferrand 0.6 and Rennes 5 (min. and max. values, respectively)." -- With in Chem. Abstr.

289. BACON, S. D. (sociol., Yale Univ., New Haven, Conn.): Alcoholism in industry. Indus. Med. 17: 161-7, 1948.

"...The principal characteristic of the alcoholic is a general social-psychological maladjustment closely related to excessive drinking, and manifested in such traits as egocentricity, immaturity, and rapid mood swings. A great many are desocialized or unsocialized. Along with the social-psychological maladjustment there may be physiological or physical maladjustments not directly resulting from alcohol, but more closely related to the irregular type of life lived by the alcoholic or pre-alcoholic. Three degrees of alcoholism are distinguished: the chronic excessive drinker who manifests the maladjustments mentioned above; the compulsive drinker whose need has become uncontrollable by ordinary means; and the chronic alcoholic - the most serious type - who in addition to compulsive drinking manifests a diagnosed disease, mental or physical, directly related to the action of alcohol. From the standpoint of etiology, problem drinkers can be classed as: 1) the primary compulsive type who utilize alcohol to cope with personality problems that are apparent from an early age; and 2) the secondary type, fairly well-adjusted in youth, whose transition from heavy social drinking to excessive or compulsive drinking is a more gradual and insidious process. Establishing the difference between these two types is important since prognosis with rehabilitation is excellent in the secondary type. For the primary type, prognosis is poor, and therapy time-consuming and expensive. Until 1947 the significance to industry of the problem of alcoholism was not recognized by medical and personnel officers nor by management. The seriousness of the situation is brought home by statistics showing that of 28,500,000 males in the U. S. between the ages of 30 and 60, about 2,890,000 are so afflicted. The fact that the first stages of alcoholism in the secondary type of alcoholic are not recognized until the age of 30 or 35 has serious implications for industry, since men in this age range are those from whom industry is expecting returns after having invested time and money in training and development of leaders and highly skilled workers. It is estimated that an industrial clinic working with selected cases and with high-grade facilities for rehabilitation along physiological, psychological, and social lines, should be able to produce no less than 50% of therapeutic successes." -- A.R.F. in Dig. Neur. Psychiat.

290. FIGUERIDO, C. A. (Bilbao, Spain): El problema etiologico de las toxicomanias. (The etiological problem of toxicomanias.) Rev. San. Hig. Pub., Madrid 21: 780-97, 1947.

"An account is given of the numerous causes that are of importance in production of toxicomanias, dividing them into two principal groups: 'external causes' and 'personal factors.' Among the former the author attaches great importance to the profession, and in the latter he distinguishes the personal factors of alcoholism from those of morphinomania." -- Soto Yarrita in Excerpt. Med. VIII.

291. FRACASSO, L. (nerv. ment. dis., Univ. of Pavia, Italy): Contributo allo studio istopatologico del delirium tremens e dell'alcoolismo cronico in genere. (Contribution to the histology of delirium tremens and of chronic alcoholism in general.) Riv. Patol. Nerv. Ment., Florence 68: 284-310, 1947. 4 ill.

"A case is reported in which microscopy showed peculiar granulations in the pia matter and cerebral cortex, which did not correspond to any of the various granular formations described in the histology of the alcoholic brain. By a process of elimination it is concluded that these were degradation products of local or haemetically transported cells, due to nuclear disintegration." Ancona in Excerpt. Med. VIII.

292. GARDNER, H. T.: ROVELSTAD, R. A.: MOORE, D. J.: STREITFELD, F. A.: and KNOWLTON, M. (prev. med., Yale U. Sch. of Med., New Haven, Conn.; Mayo Foundation, Rochester, Minn.; Hepatitis Research Center and 120th Station Hosp., European Command, U.S. Army): Hepatitis among American occupation troops in Germany. A followup study with particular reference to interim alcohol and physical activity. Ann. int. Med. 30: 1009-19, 1949.

Study conducted under direction of Commission on Virus and Rickettsial Diseases, Army Epidemiological Board, Office of Surgeon General, U.S. Army, Washington, D. C. "It appears that patients in this series who consumed relatively large amounts of alcohol in the period of convalescence 6 to 12 months after acute hepatitis showed no more evidence of post-hepatitic liver damage than did those patients who consumed smaller amounts of alcohol. This appears to be true both of those discharged as 'presumably cured' and those discharged with minor residuals. ... These findings are somewhat at variance with those reported by Barker, Capps and Allen (J. Amer. med. Ass. 129: 653-9, 1945) who found that alcohol in excess could definitely provoke a relapse."

293. GELBMAN, F., and EPSTEIN, N. B. (psychiat., Allan Memorial Inst., McGill Univ., Montreal, Que., Can.): Initial clinical experience with antabuse. Can. med. Ass. J. 60: 549-62, 1949. 8 ref.

"A clinical treatment procedure and early results in 55 alcoholics treated with antabuse is described. Thus far, 45 of the series have not reverted to their old drinking habits. The 10 'failures' include 6 people who were not adequately followed after starting on antabuse. To insure adequate evaluation of antabuse therapy, a social approach to include relatives, friends, associates, and Alcoholics Anonymous is necessary. ... Thus far, a few skin rashes and one potentially serious complication have been observed. Antabuse may be contraindicated in diabetics. It is recommended that the first trial with alcohol, after taking antabuse, should be under controlled conditions. This should be done in either a doctor's office or in a hospital, so long as medical aid and oxygen are immediately available. Antabuse should not be given if a person has been drinking recently. At present, a minimum period of 48 hrs. of sobriety is recommended before starting therapy with antabuse. Because of limited knowledge of action of antabuse, arrangements should be made to check each patient at least once every 2 wks. after his controlled experience of the effects of antabuse plus alcohol. It is recommended that each person taking antabuse carry a card stating that he is using antabuse. A tentative classification of reactions to abstinence from alcohol while using antabuse is suggested. Antabuse appears to be a valuable drug in total treatment of alcoholism. Valuable psychotherapeutic measures which have been used in the past are still a necessary part of successful treatment of alcoholism."

294. HECHT, C. A.; GRINE, R. J.; and ROTHROCK, S. E. (sociol., State Coll. of Pa., State College, Pa.): The drinking and dating habits of 336 college women in a coeducational institution. Quart. J. Stud. Alc. 9: 252-8, 1948.

"A 20% sample including 336 women of sophomore or above standing was interviewed and filled out a questionnaire concerning habits. Frequency of drinking and frequency of dating were closely associated, but frequency of dating while being engaged or its equivalent was inversely associated with frequency of drinking." — Wilkins in Psychol. Abstr.

295. HIMLER, L. E. (Ann Arbor, Mich.): Personality disorders of older employees. Indus. Med. 18: 248-52, 1949.

"... Incidence of most common psychiatric disorders occurring in employed men between 45 and 65 hospitalized in a private sanitarium from several weeks to two months: Manic-depressive psychoses, 28%; psychoneurosis and psychosomatic disorders, 22%; alcoholism, 18%; involuntional psychosis, 16%; psychosis with cerebral arteriosclerosis, 8%; psychosis with general paresis, 4%; schizophrenia, 2%; paranoid conditions, 2%."

296. JONES, R. O. (psychiat., Victoria Gen. Hosp., Halifax, N. S., Can.): Death following the ingestion of alcohol in an antabuse treated patient. Can. med. Ass. J. 60: 609-12, 1949.

"Our experience emphatically bears out the statement of Prof. Ferguson in his editorial in the March issue (of above). The combination of tetraethylthiuram disulfide and ethyl alcohol may produce a reaction of great severity and of fatal termination. At the present moment no explanation can be offered for the severity of the reaction in this patient (covered in case report). Treatment of alcoholism with tetraethylthiuram disulfide must be considered far from free from danger, and if it is to be used should be carried out only in hospital surroundings with very small doses of both tetraethylthiuram disulfide and alcohol and with all the facilities at hand for emergency resuscitation. Patient receiving such treatment must be carefully observed, not only during the period of the acute reaction but for a number of hours afterwards until he has completely recovered. It would seem to be very unsafe to give this drug to patients on an outpatient basis where the patients can take as much alcohol as they desire and where there are no facilities for dealing with an emergency."

297. MALZBERG, B. (New York State Dept. Ment. Hyg., Albany, N. Y.): Mental disease among Puerto Ricans in New York State. Psychiat. Quar. Supp. 22: 300-8, 1949.

"... Use of alcohol. Of the 188 first admissions (to all state and licensed hospitals for mental disease in New York State) 103, or 54.8%, were abstinent; 44, or 23.4%, moderate; and 31, or 16.4%, intemperate (Table 7). There is no difference in the rate of intemperance compared with the total first admissions to the civil state hospitals. Considering that most Puerto Ricans live in what are considered slum neighborhoods, this is testimony to their general sobriety. ..."

298. SCHLAN, L. S., and UNNA, K. R. (Manteno State Hosp.; and pharmacol., Univ. of Ill. Coll. of Medicine, Chicago): Some effects of myanesin in psychiatric patients. Preliminary report. (Publication soon in J. Amer. med. Ass.) 6 ref., 1 table.

"In 8 cases of chronic alcoholism on abstinence, each with the 'shakes' after prolonged bouts, myanesin (Squibb: tolserol) markedly reduced or abolished the gross intention tremor promptly. ... Severe anxiety was as promptly relieved and the patients reported feeling comfortable with the exception of 'hang-over' effects such as headache and gastric distress. All of these patients had been chronically readmitted to the hospital and had previously required paraldehyde and barbiturates for 3 to 4 days after each prolonged intoxication. No such sedation was now necessary. Their subjective reports were that the relief from myanesin was prompter than with either of the other types of sedatives, and they felt 'wide-awake' and 'more normal.' ... Patients lost their craving for alcohol."

299. SELIGER, R. V. (Neuropsychiatric Inst., Baltimore, Md.): A preliminary report on extramural treatment of severe delirium tremens with recovery in ten hours. Amer. J. Psychiat. 105: 129-30, 1948.

"A method of extramural treatment is described, consisting of intravenous injection of 1,000 to 2,000 ml. of 10% dextrose in isotonic solution of sodium chloride with 100,000 to 200,000 U of thiamine chloride and 25 U of insulin, plus 1 to 2 grains of phenobarbital and 3 grains of sodium dilantin (as an anti-convulsant). The phenobarbital and sodium dilantin are repeated in one and a half hours, then two hours later, and then three hours after that. All alcohol is discontinued. Candy and sugared orange juice are available for possible insulin shock reactions. The condition is cleared up in patients under 55 in about 10 hours, when the cases are uncomplicated. The intravenous fluids and thiamine chloride may be administered for several days thereafter and the sedatives are continued for a few days. ... The author has used the method with safety and success and with increasing frequency during the past five years." — Schneck in Excerpt. Med. VIII.

300. _____: The psychiatrist looks at contemporary alcoholism. Am. J. Psychother. 2: 383-97, 1948.

"... prevention and treatment both would be best organized and instituted to serve the community through: 1) information centers (similar to those maintained by our t.b., cancer, and rheumatic heart associations) where material could be obtained by the public and through which contacts with medical and psychiatric set-ups could be made; 2) factual course on alcoholism, its treatment and prevention, given in all medical, nursing, and social service schools; 3) a hospital or section of it in every state where patients with alcohol problems could be properly treated and given the medical-psychological service they require; 4) State Hospital set-ups for the treatment of some alcohol patients; 5) State Farms where physical rehabilitation and social psychiatric help under supervision of a psychiatrist would be available; 6) Extra-Mural Clinic centers, located near the alcohol hospital or information center, to serve as a diagnostic unit, treatment unit, social service unit, and training unit for workers in this field of behavior illness; 7) a concerted program of education against heavy social drinking, beamed at the reading and listening public - including the teen-and twenty-agers - and supported as a Public Health Service."

301. SMITH, H. W., and BELL, R. G. (pharmacol., Univ. of Toronto, and Shadowbrook Health Foundation, Toronto, Ont., Can.): Rate of removal of alcohol in acutely intoxicated chronic alcoholics. (Presented at meeting of American Soc. for Pharmacology and Exp. Therapeutics, April 1949.)

"The rate of removal of alcohol from the blood of 21 chronic alcoholics prior to treatment with intravenous insulin (40 U zinc insulin), glucose (50 ml. of 50%) and 'Betalin' (Lily, 2 ml.) was compared with the rate during treatment. This rate was increased during treatment by 9.9% (5=3.3%) when the rate was calculated on the basis of % of the amount of alcohol present. Seven untreated patients showed no change in the hourly rate of removal of alcohol from the blood during comparable periods of study." — Fed. Proc.

302. STEIGMANN, F.; POPPER, H.; DYNIEWICZ, H. A.; MAXWELL, I. A. (Hektoen Inst. for Med. Res. of Cook County Hosp.; path., Northwestern Univ. Med. Schl.; and int. med., Univ. of Ill. Coll. of Med., Chicago, Ill.): Influence of nutrition on plasma vitamin A alcohol. (Presented at meeting of American Soc. for Exp. Path., April 1949.)

"The plasma vitamin-A level depends upon endogenous factors like diseases (influencing release of vitamin A from the liver and its intestinal absorption) as well as upon nutritional factors. This explains the equivocal correlation between plasma vitamin-A level and nutritional state. Recent experiences indicated that the vitamin-A alcohol level responds more readily than that of vitamin-A ester to changing vitamin-A nutrition. Therefore, vitamin-A alcohol and ester plasma levels were studied in 19 patients with either conditions without known influence upon vitamin-A metabolism (controls) or with liver diseases. They were kept for 1 to 4 weeks on different levels of vitamin-A nutrition (from zero to 20,000 U). These first periods were alternated with others with increased or reduced vitamin-A intake. In controls kept for more than one week on diets not exceeding 1500 U vitamin A, the alcohol level dropped, whereas the esters revealed irregular variations. After prolonged periods on low intake, rise of alcohol and ester vitamin A might ensue, possibly as a result of release from the liver. After complete depletion of over one week, intake of 10,000 U raised the alcohol level consistently without influence upon esters. After a preperiod of 1500 U intake, 3000 U caused a rise in half the cases. Secondary depletion and repletion periods of 1 week duration revealed less consistent results. The curves in patients with liver diseases were erratic. Serial follow-up of the plasma vitamin-A alcohol level may, therefore, in normals with certain reservations mirror the status of vitamin A nutrition and possibly permit estimation of the human vitamin A requirement." — Fed. Proc.

303. VOLWILER, W.; JONES, C. M.; MALLORY, T. B. (Harvard Univ., Boston, Mass.): Criteria for the measurement of results of treatment in fatty cirrhosis. Gastroenterol. 11: 164-82, 1948.

"... 14 sets of serial observations on patients in the acute phase of fatty (alcoholic) cirrhosis are presented. ... Features common to treatment of all were rest, insistence upon eating, and daily protein intake of at least 100 g. Amount of daily fat taken varied. Supplementary vitamins and/or lipotropes were given to some patients, not to others. Ethyl alcohol was administered to one. Needle liver biopsies were obtained before and after 4 weeks' therapy. The livers of all improved at the same rate. Rate of disappearance of fatty vacuolization and speed of hepatic repair were not affected by the amount of dietary fat, nor by the addition of lipotropes and/or vitamins."

304. WALL, J. H. (New York Hosp., Westchester Div., White Plains, N.Y.): Psychotherapy of alcohol addiction in a private mental hospital. Quart J. Stud. Alc. 5: 547-54, 1945. Study of 200 alcoholic patients.

"The technique of 'inebriate certification' in private mental hospitals in New York State is explained. Six months to a year is believed necessary for adequate results. Treatment consists of immediate withdrawal of all alcohol; thorough physical and psychiatric studies; gradual reeducation of patient who has been using alcohol to help him adjust to his life situation. ... Types of alcoholics, their family backgrounds, and probable outcomes of treatment are listed. Gradual increase in responsibility, at first in the hospital and then at home, along with reeducation of the patient's family, aids in final readjustment. Results of hospital treatment compare favorably with results obtained in other psychiatric disorders." -- Wall in Biol. Abstr.

305. _____, and ALLEN, E. B.: Results of hospital treatment of alcoholism. Amer. J. Psychiat. 100: 474-9, 1944. 3 ref.

"One hundred men admitted to Westchester Division of New York Hospital between 1934 and 1940, for the immediate cause of 'alcoholic overindulgence,' were studied. Alcoholism without psychosis was diagnosed in 81; delirium tremens, 9; Korsakoff's psychosis, 5; acute hallucinosis, 3; acute psychosis, paranoid, 2. Relatives with drinking problems were found in 62 cases; alcoholic fathers in 35; overindulgent mothers in 59; and such mothers in combination with forceful fathers, in 57 cases. A passive and effeminate approach to life was found in 46 patients. The psychosexual development was similar to that found in patients who suffer from other functional personality disorders. Eleven patients had typical neurotic personalities. Of the 71 who had married, 39 had children, 22 were divorced. There were 63 college graduates, 7 physicians, 6 lawyers, 2 writers. Average age at which drinking began was 23; 63 had begun drinking before they were 21. The average age at admission was 37.5 years. ... Treatment included physiotherapy, massage, steam and electric-cabinet baths, psychotherapy with the goal of total abstinence, and occupational therapy. Three to 8 years after their discharge, 33 were found to be still drinking, unimproved; 19, drinking but managing better; 24, recovered. Three had died in the hospital; 12 died after leaving the hospital; and 9 had not been heard from. Average hospital residence of the 24 who recovered was 6 months. Seven are associated with Alcoholics Anonymous; 5 of these are in the recovered group." Quart. J. Stud. Alc.

306. WARMING-LARSEN, A. (med., Kommune Hosp., Copenhagen, Denmark): The influence of alcohol on ketone metabolism. Acta med. Scand. 132: 458-65, 1949. 15 ref., 3 fig.

"Alcohol has proved a source of error in analyses for ketone bodies, according to the method here employed. The fact that alcohol is oxidized at a constant maximum rate makes it possible, however, by continuous intravenous injection, to create a balance between the combustion and the intake and thus prevent an essential concentration from appearing in the blood at any time. On slow continuous intravenous injection of alcohol in a 0.9% sodium chloride solution the blood ketone concentration in an organism with inanition ketonemia was found to fall to lower levels for the duration of the injection, whereupon it rose rapidly to its original level when alcohol was administered continuously in doses which did not quite cover maximum capacity of the organism for oxidation over the same period of time. There is hardly any other explanation for this than the assumption that alcohol exerts an economizing effect on the fat oxidation, in consequence of which the originally high blood ketone concentration, which was required for enabling the organism to oxidize ketone bodies to such a large extent, can now be regulated down on a lower level as long as alcohol furnishes a considerable part of the caloric requirement. These studies are in keeping with the view that an antiketogenic substance is merely a substance which by its own combustion exerts an economizing effect on the fat combustion, and in reality they show quite clearly that antiketogenic substances are not identical with glycogenetic substances."

307. WORTIS, H., SILLMAN, L. R., and HALPERN, F. (Bellevue Hosp., New York, N.Y.): Studies of Compulsive drinkers. New Haven, Conn., Hillhouse Press. 1946. 90 pp. \$1.

"Part I contains 18 excellently detailed case histories of alcoholics, excellent because they were recorded by persons trained in investigative problems of this sort. These case records show that the life-experiences of the alcoholic are no different from those of the non-alcoholic, but that it seems the alcoholic bases his defense in his problems in a particular way, by use of alcohol. Part II contains results of psychological testing of these alcoholics by Florence Halpern. She found that the alcoholic is a poorly-adjusted, unstable, restless individual, who tends to challenge situations rather than withdraw as the psychoneurotic does. The alcoholic tends to deny conflicts, to deny inadequacies, and to project his problems and his behavior outwardly. This monograph first appeared in Quarterly Journal of Studies on Alcohol." -- Psychiat. Quart.

308. YOUNG, R. C. (Fenwick Sanitarium, Covington, La.): Clinical observations on the treatment of the alcoholic. N. Orleans M.S.J. 100: 539-46, 1948. 27 ref., 1 table. Report based on study and treatment of 2275 sanitarium cases of alcoholism, the majority of which were observed and studied for at least four weeks. Conclusions:

"(1) Every alcoholic has a psychiatric problem, varying in intensity with each case. (2) The nutritional phase is most important and improvement in this phase is often paralleled by an improvement in psychiatric symptoms. (3) Every alcoholic is an addict. (4) The vast majority of these cases should be institutionalized for study and treatment. (5) Every alcoholic given the proper help can get well and stay well, provided he accepts the fact that under all circumstances he cannot take an alcoholic drink of any type."

NEWS NOTES

309. ANTABUSE.

"... MONSANTO CHEMICAL CO. has been manufacturing ethyl thiurad, which is chemically tetraethylthiuram disulfide and referred to as antabus by Dr. Scott (Ayerst, McKenna & Harrison) as an item of commerce for the rubber industry for a number of years. ... Monsanto has been supplying experimental quantities of highly purified tetraethylthiuram disulfide to responsible ethical pharmaceutical houses capable of conducting qualified experiments on its value in the treatment of alcoholism. We too have recognized the sociologic significance of this development and have carefully screened requests for this material. It is interesting to note that our medical people had observed for some time that workers on this compound ... developed intolerance to alcohol. We are glad that the Danish workers have carried out their work showing the possible medical value in the treatment of alcoholism. Since the articles referred to by Dr. Scott have appeared in the literature, however, we have been supplying qualified groups of investigators requesting the material for pharmacologic and clinical purposes."—Hal G. Johnson, Ph.D., Monsanto Chemical Co., St. Louis, Mo. — in J. Amer. med. Ass. 140: 426, 1949.

310. "A warning that untrue statements are being published about antabuse has been issued by Dr. Edwin G. Zabriskie, Prof. Emer. of Clin. Neurol., Columbia Univ. Coll. of Phys. and Surg., New York. Dr. Zabriskie spoke as chairman of the ORGANIZATION COMMITTEE FOR RESEARCH ON MEDICAL TREATMENT OF ALCOHOLIC PATIENTS, which is developing plans for investigation of tetraethylthiuram disulfide, used in Denmark and Sweden for treatment of alcoholics. 'The committee feels that the toxic properties and therapeutic value of this drug have not been fully explored,' Dr. Zabriskie stated. 'Improper use of the drug may prove detrimental to development of a sound treatment. It has been known for some time that this tetraethyl compound will cause intolerance for alcohol. The chemical is used in vulcanizing rubber. About two years ago employees of a rubber company in Akron were exposed to air containing the drug in powdered form. It was later reported that some of these employees developed intolerance for alcohol which made it impossible for them to drink any alcoholic beverage without nausea and other unpleasant symptoms. How long this condition continued is not known. This observation led to an investigation of the toxicity of tetraethylthiuram disulfide and other dithiocarbamic acid derivatives. The research was supervised by H. Brieger, M. D., of Jefferson Medical College. Dr. Brieger's report indicates need for further investigation of this tetraethyl compound before we shall know whether it is safe to use the drug in treatment of alcoholics. According to clinical reports of Danish physicians, results of treatment with this drug are sufficiently encouraging to justify additional research, which should be completed before the drug is released by the U.S. Food and Drug Administration for general use by physicians in treatment of alcoholics. ...'" — Science Dig. 25: 50-1, (May), 1949.

311. ARKANSAS:

"Several research projects in alcoholism are being evolved (here)." — William Rottersman, M.D., Dir., Prof. Educ., V. A. HOSP., N. Little Rock.

312. CALIFORNIA:

Acting under a resolution passed by CALIF. MED. ASSN., a committee of five physicians (C. W. Irish, M.D., chairman) was appointed to study alcoholism in California with a view to making recommendations to the State Dept. of Public Health. Their report (67 pages) recommends: 1) "that physicians give more attention not only to alcoholics who consult them but to alcoholics in families of their patients, with regard to personality problems as well as to pathologic changes resulting from the habit; 2) that beds in county, municipal, and private hospitals be made available for patients being treated for alcoholism; 3) that diagnostic and rehabilitation centers be developed in areas of population concentration for brief hospitalization and treatment, and for directing patients to appropriate agencies for further rehabilitation and supervision; that convalescent units for vocational rehabilitation be established; that psychiatric interviews be conducted at these proposed centers so that suggestions may be made to courts or to law enforcement agencies as to procedure indicated in individual cases; 4) that a broad educational program be developed including, besides public education, symposiums and lecture courses for physicians in general practice and special training for physicians, psychiatrists, auxiliary personnel (such as psychiatric nurses and social workers), law enforcement workers and others who deal directly with those addicted to alcohol; 5) that active research be undertaken embracing biochemistry and physiology, psychiatry and treatment, as these subjects bear on acute and chronic alcoholism; 6) that a single administrative authority, preferably an agency of the state that can utilize existing agencies for the most part, be made responsible for organizing, developing, and operating an over-all program; 7) that the costs of putting the recommendations into effect be met by legislative allocation of a portion of revenues from taxes on production and sale of alcoholic products." — Abstr. in Calif. Med.

313. COLORADO:

Bill S 84, approved 4/29/49, creates COLORADO COMMISSION ON ALCOHOLISM to study alcoholism, including methods and facilities available for care, custody, detention, treatment, employment and rehabilitation of alcoholics.

314. CONNECTICUT:

YALE SUMMER SCHOOL OF ALCOHOL STUDIES, conducted annually since 1943 by the Laboratory of Applied Physiology, is holding two separate but equivalent sessions this year — a western session June 6-29 at Trinity Univ. (San Antonio, Tex.), and an eastern session at Yale (New Haven, Conn.), July 8-Aug. 5. Prof. E. M. Jellinek, Director.

315. YALE PLAN CLINIC will study problems of alcoholism among industrial employees. The clinic aims to aid industry in determining the extent of alcoholism within a company, particularly in the early or incipient form. Industries will be assisted in evaluating the loss in dollars and production as well as in employee morale resulting from alcoholism.

316. YALE UNIVERSITY will conduct a survey of drinking habits among students in about eighty colleges during 1949 and 1950.

317. D. C.:

"This office is interested in studying the alcoholic problem in industry." — David Zinke, Asst. Surgeon (R), Industrial Hygiene Div., FEDERAL SECURITY AGENCY, PUBLIC HEALTH SERVICE, Washington 25.

318. KANSAS:

"We have recently formed a committee on treatment of alcoholism." — H. H. Sadler, M.D., WINTER V.A. HOSP., Topeka.

319. MICHIGAN:

Bill H. Res. 24, adopted 5/9/49, provides for committee to investigate advisability of establishing program of rehabilitation for alcoholics.

320. NEW YORK:

A. Z. Pfeffer, M.D., Asst. Alienist, BELLEVUE HOSP., New York, reported at Sixth Annual Conference of American Group Therapy Assn. that results thus far achieved with six neurotic alcoholics treated in group sessions, twice weekly, over a period of one year, were promising. The patients in this experiment, undertaken at Bellevue, had all unsuccessfully tried other treatments including Alcoholics Anonymous and individual psychotherapy. After one year of group therapy, four showed marked improvement, and the other two, it is expected, will benefit from supplementary individual treatment. One of the group reduced the number of his yearly drinking bouts from 50 to 4. Another, previously hospitalized 12 times for alcoholism, did not have one spree in the year. All patients were improved insofar as their daily work was concerned." — Amer. J. Psychother. 3: 284-5, 1949.

321. CONSOLIDATED EDISON CO., (Dr. William P. Eckes, Med. Dir.), New York, has regarded alcoholism as a disease and a basis for pensioned retirement, since Jan. 1, 1947.

322. "We are working on relationship of alcoholism to liver disease." — Samuel Sanes, M.D., Dir. of Path., EDWARD J. MEYER MEMORIAL HOSP., Buffalo 15.

323. "A member of the state legislature has requested this section to undertake a study of treatment of chronic alcoholism." — William P. Leonard, (Acting) Legislative Reference Librarian, Univ. of the State of New York, NEW YORK STATE LIBRARY, Albany 1.

324. NEW YORK STATE PSYCHIAT. INST., 722 W. 168th St., New York: "... Preparatory work is being done on patients for a study of the best way to administer alcohol intravenously as a form of treatment for some types of mental disorder. The data seem to point out that presumably the method of phlebotomy might be the one most suited for introducing large amounts of alcohol into the circulation. ..." — N.D.C. Lewis in Report of research program, Psychiat. Quart. Supp. 22: 251-68, 1949.

325. OREGON:

Bill H 530, approved 5/2/49, provides for a temperance and REHABILITATION DIVISION of OREGON LIQUOR CONTROL COMMISSION which is authorized to continue, maintain and operate a rehabilitation clinic and agency for treatment of alcoholics.

326. PENNSYLVANIA:

Bill introduced, S 925, proposes an appropriation to the ALCOHOLIC INFORMATION CENTER AND CLINIC for expanding facilities for research and training of personnel in the care, treatment, and rehabilitation of alcoholic addicts.

327. Bill enacted, H 220, has become Act No. 123 of the Acts of 1949. It authorizes DEPT. OF HEALTH to investigate alcoholism in respect to rehabilitation and to maintain statistics indicating effectiveness of any rehabilitation programs carried forward by state aided clinics for alcoholics, state hospitals and state-aided hospitals receiving alcoholics.

328. "I am contemplating a study of the intermediary metabolism of alcohol from a biochemical standpoint." — Sidney Weinhouse, Ph.D., Research Assoc., RESEARCH INSTITUTE OF TEMPLE UNIV., Philadelphia 22.

329. RHODE ISLAND:

Bill S 35, approved 5/3/49, creates a special COMMISSION to investigate advisability of establishing facilities FOR STUDY, TREATMENT AND CARE OF INEBRIATES.